

Date: November 12 & 19, 2006

Time: 11:00 am (mass start)

Tough, scenic, clean course through Green Hill Park's Equestrian Center in Roanoke County.

No Prizes... Just fun & friendly blood, sweat, & tears!

Relaxed & Informal ... you count your laps! (But, we'll help a lot!)

Pre-registration: \$5 per race Must be post marked by November 3, 2006

Race Day Registration: \$10 per race Begins at 9:00 am Closes at 10:15 am

****First 75 Pre-registered Racers are Guaranteed Race Merchandise****

Cyclists MUST wear a CPSC, SNELL, or ANSI approved helmet!!

For more information contact Race Director:

**Dick Howard
(540) 387-1795
REHoward983@adelphia.net**



bare bones mountain cross series

Logo courtesy of:
glowbugwebdesign.com

SERIES WINNERS

Lowest cumulative time for both races.
(Note: Participants' times will be recorded by race volunteers as they finish their final lap.)

Sponsored by:



With special thanks to:



www.roanokecountyva.gov/parks

Check out the race web site for race rules & details about distance, changing classes, etc.

Mail form and entry fee to:

Roanoke Co. Parks, Rec., & Tourism
Attn: Wendi Schultz, CFE
1206 Kessler Mill Road
Salem, VA 24153

Please make checks payable to:
Roanoke Co. Parks, Rec., & Tourism

Please check class:

- Jr. (18 & under) Senior Single Speed

Name _____

Address _____

Phone _____

Emergency contact: Name _____ Phone _____

E-mail _____ Age on race day _____

Waiver: I, the undersigned, do hereby agree to participate in the Bare Bones Mountain Cross Series November 12 and/or 19, 2006 at my own risk. I understand and assume the risks of my participation and I agree to indemnify and hold harmless the County of Roanoke Board of Supervisors and their officers, sponsors, agents, employees, and volunteers from and against any and all liability for any injury which may be suffered by or inflicted by the aforementioned individual arising out of or in any way connected with participation in this difficult and strenuous event.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____